## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
House Freedom Fund						
	C C00552851					
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee	Date of Public Distribution/Dissemination					
House Freedom Fund	04 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address PO BOX 1948	Amount					
City State Zip Code	146.35					
Alexandria VA 22313	Transaction ID : EFF8DA868C0A249599A3 Date of Disbursement or Obligation					
Purpose of Expenditure IE-Roy-Donation Processing  Category/ Type	04 / 10 / 2018					
Name of Federal Candidate Support Office	e Sought:  House District: 21					
Roy, Chip, , ,	President Senate State: TX					
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	ursement For: Primary General  ✓ Other (specify) Primary Run-Off					
Full Name of Payee House Freedom Fund	Date of Public Distribution/Dissemination					
Mailing Address PO BOX 1948	04 17 2018					
- TO BOX 1040	Amount					
City State Zip Code	102.25					
Alexandria VA 22313	Transaction ID : ECD2FF13855964722B2C Date of Disbursement or Obligation					
Purpose of Expenditure IE-Roy-Donation Processing  Category/ Type	04 / 17 / 2018					
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 21					
Roy, Chip, , ,	President Senate State: TX					
Calendar Year-To-Date Per Election for Office Sought  Disburged T224.53	orsement For: Primary General  State Of the Primary Run-Off  Other (specify) ▶ Primary Run-Off					
(a) SUBTOTAL of Itemized Independent Expenditures	248.60					
	7 7					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	TI EXI END	TOTILO		PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
House Freedom Fund				C C00552851
Check if X 24-hour report 48-hour report	X New rep	ort Amends rep		W = M / D = D / Y = Y = Y = Y
Full Name of Payee House Freedom Fund				of Public Distribution/Dissemination
Mailing Address PO BOX 1948			Amou	04 24 2018 unt
City	State	Zip Code		66.90
Alexandria	VA	22313		saction ID : E5E8B57BDB9FE4573A56 of Disbursement or Obligation
Purpose of Expenditure IE-Roy-Donation Processing		Category/ Type		04 24 2018
Name of Federal Candidate		<b>✗</b> Support	Office Sough	ht: X House District: 21
Roy, Chip, , ,		Oppose	Presid	lent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	7291.43	Disbursemer 2018	nt For:
Full Name of Payee House Freedom Fund  Mailing Address PO BOX 1948				of Public Distribution/Dissemination
			Amou	uiit
City  Alexandria	State VA	Zip Code 22313	<b>Trans</b>	667.75  action ID : EE43B6BB829A44A47AE8 of Disbursement or Obligation
Purpose of Expenditure IE-Roy-Donation Processing		Category/ Type		M 04 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>✗</b> Support	Office Sough	ht: 🗶 House District: 21
Roy, Chip, , ,		Oppose	Presid	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	7959.18	Disbursemen 2018	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	res			734.65
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>.</b> .	
(c) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Brown, Megan, , ,	[Electron	ically Filed] Dat	te 05	04 / Y Y Y Y Y Y Y Y 2018
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI END	HONES		PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
House Freedom Fund				C C00552851
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	te of Public Distribution/Dissemination
House Freedom Fund				05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 1948			Amo	ount
City	State	Zip Code	-	68.60
Alexandria	VA	22313		insaction ID : EBA9548445A7B4536ACB e of Disbursement or Obligation
Purpose of Expenditure IE-Roy-Donation Processing		Category/ Type		05 01 / 2018
Name of Federal Candidate		<b>✗</b> Support	Office Sou	ight: X House District: 21
Roy, Chip, , ,		Oppose		sident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	.,,	8027.78	Disbursem 2018	nent For:
Full Name of Payee			Dat	te of Public Distribution/Dissemination
Envision Marketing				05 04 7 2018
Mailing Address 148 Graves Mill Rd			Am	nount
City	State	Zip Code	-	7470.88
Lynchburg	VA	24502		nsaction ID : EFA6286BAA8664180AA1 te of Disbursement or Obligation
Purpose of Expenditure IE-Roy-Direct Mail Production		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate		<b>✗</b> Support	Office Sou	ught: 🗶 House District: 21
Roy, Chip, , ,		Oppose	Pres	sident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		15498.66	Disbursem 2018	nent For:
(a) SUBTOTAL of Itemized Independent Expend	itures			7539.48
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·· •	4 4
(c) TOTAL Independent Expenditures			·· •	8522.73
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Brown, Megan, , ,	[Electron	nically Filed] Date	05	04 2018
olynature				